

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1456

(703) 746-4000 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

	TIS. CE ADDRESS (Note: Use Block 1 for 08/30/2004	any change of address)	PE	Note: A certificate of Fee(s) Transmittal. T papers. Each addition have its own certificate.	f mailing can only be used his certificate cannot be used all paper, such as an assign te of mailing or transmission	for domestic mailings of the d for any other accompanying ment or formal drawing, must	
KNOBBE MAR' 2040 MAIN STRE FOURTEENTH F IRVINE, CA 9261	LOOR		7 2004	I hereby certify that States Postal Service addressed to the Mi transmitted to the US	ertificate of Mailing or Tra this Fee(s) Transmittal is be with sufficient postage for fail Stop ISSUE FEE addre PTO (703) 746-4000, on the	nsmission ing deposited with the United first class mail in an envelope ss above, or being facsimile e date indicated below.	
		BEAT OUT I		David L.	Hauser	(Depositor's name)	
		W.	ويون	In his	Ham	(Signature)	
		RA	DEMAL	October	25, 2004	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/945,377	08/31/2001	Scott Seligman			DJORTH.138A	2158	
TITLE OF INVENTION: KNEE BRACE HINGE DEFLECTOR					10/28/2004 BABRAHA2	00000006 03945377	
					01 FC:1501 02 FC:1504	1370.00	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE 30.00	
nonprovisional	NO	\$1330		\$300	\$1630	11/30/2004	
EXAMINER A		ART UN	IT	CLASS-SUBCLASS			
PHAM, HUONG Q 376				602-026000			
CFR 1.363). Change of correspond Address form PTO/SB/I "Fee Address" indica	the address or indication of "F dence address (or Change of 22) attached. tion (or "Fee Address" Indic- or more recent) attached. Us	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be n 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	pear on the patent. If an assig for filing an assignment.	mee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
DJ Orthopedics, LLC Vista, CA 92083							
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the p	patent): 🗖 Individual 🙀 (Corporation or other private g	group entity 📮 Government	
4a. The following fee(s) are	enclosed:	4b	. Payment of				
Issue Fee			A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted)				Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11 1110 (enclose an extra copy of this form).			
	(from status indicated above MALL ENTITY status. See	,	b. Applic	cant is no longer claiming SMA	ALL ENTITY status. See 37	CFR 1.27(g)(2).	
				ny) or to re-apply any previous e other than the applicant; a re			
Authorized Signature	12 / 1/	ann			ctober 25, 2		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name <u>David L. Hauser</u>

Registration No. 42, 463



Case Docket No. DJORTH.138A

Date: October 25, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)

Scott Seligman

Appl. No.

09/945,377

Filed

August 31, 2001

For

KNEE BRACE HINGE

DEFLECTOR

Group Art Unit

3764

Class/Sub-Class

602-026000

Examiner

Huong Q. Pham

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

October 25, 2004

David L. Hauser, Reg. No. 42,643

TRANSMITTAL LETTER

MAIL STOP ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- (X) Form PTOL-85.
- (X) A check in the amount of \$1,700.00 to cover the issue fee, publication fee, and advanced order of copies is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.

David L. Hauser

Registration No. 42,643

Attorney of Record

Customer No. 20,995

(949) 760-0404

H:\DOCS\DLH\DLH-3842.DOC 101504